

NATURAL RESOURCES AGENCY OF CALIFORNIA  
DEPARTMENT OF CONSERVATION  
DIVISION OF OIL, GAS, AND GEOTHERMAL RESOURCES

### INTERIM WELL STIMULATION TREATMENT NOTICE

<b>1</b> Name of Operator				<b>2</b> Email address	
<b>3</b> Address			<b>4</b> City/ State		<b>5</b> Zip Code
<b>6</b> Well			<b>7</b> API No.		<b>8</b> Field (and Area, if applicable)
<b>9</b> County			<b>10</b> Directional Status:		<b>11</b> Type of treatment
<b>12</b> Sec.	<b>13</b> T.	<b>14</b> R.	<b>15</b> B.&M.	<input type="checkbox"/> Directionally drilled <input type="checkbox"/> Horizontally drilled <input type="checkbox"/> Not directionally drilled <input type="checkbox"/> Unknown	<input type="checkbox"/> Hydraulic Fracture <input type="checkbox"/> Acid Matrix <input type="checkbox"/> Other, type:
<b>16</b> Location of Well (Give surface location from property or section corner, street center line)					
<b>17</b> Lat./Long. in decimal degrees, to six decimal places, submitted in a non-projected (GCS) NAD 83 format:					
Lat:			Long:		
<b>18</b> Has the Division made a determination that the well subject to well stimulation treatment is a confidential well under Public Resources Code section 3234? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>19</b> Time period during which the well stimulation treatment is planned to occur			<b>20</b> Planned location of the well stimulation treatment on the well bore		<b>21</b> Name of stimulated horizon and depth
			Measured Depth:                      TVD:		
<b>22</b> Estimated length of fractures or other planned modification			<b>23</b> Estimated height of fractures or other planned modification		<b>24</b> Estimated direction of fractures or other planned modification

**25** Pursuant to Public Resources Code section 3161, subdivision (b)(1), I hereby certify that the above-named operator has or will comply with the requirements of Public Resources Code section 3160, subdivisions (b), (d)(1)(A)–(F), (d)(6), (d)(7), and (g), as demonstrated by the information reported in and attached to this notice and the following certifications:

- ☐ Attached to this notice is a complete list of the names, Chemical Abstract Service (CAS) numbers, and estimated concentrations, in percent by mass, of each and every chemical constituent of the well stimulation fluids anticipated to be used in the treatment, as required by Public Resources Code section 3160, subdivision (d)(1)(D). If a CAS number does not exist for a chemical constituent, another unique identifier has been provided, if available.
- ☐ Attached to this notice is a Water Management Plan that includes all of the information required by Public Resources Code section 3160, subdivision (d)(1)(C).

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- ☐ Attached to this notice is a list of locations of existing wells, including plugged and abandoned wells, that may be impacted by the fractures or modifications, as required by Public Resources Code section 3160, subdivision (d)(1)(E).
- ☐ Attached to this notice is a Groundwater Monitoring Plan that meets the requirements of California Code of Regulations, title 14, section 1783.4.
- ☐ The above-named operator has contracted with an independent entity to provide neighboring property owners and tenants with a copy of this notice and the attachments thereto, and with information about the availability of water well testing, as required by Public Resources Code section 3160, subdivision (d)(6). The well stimulation will not commence until 30 days after the required notice has been provided. If a notified property owner makes a timely, written request for water well sampling and testing, then the operator will pay for testing and sampling by one or more qualified independent third-party contractors designated by the State Water Resources Control Board, provided that the sampling and testing is consistent with the standards and protocols specified by the State Water Resources Control Board pursuant to Public Resources Code section 3160(d)(7)(B) and is conducted in accordance with Public Resources Code section 3160, subdivision (d)(7)(A). If a notified property owner makes a timely, written request for water well sampling and testing, then the well stimulation will not commence until requested baseline water well testing is complete, as required by Public Resources Code section 3160, subdivision (d)(7).
- ☐ Within 60 days after the cessation of the well stimulation treatment, the above-named operator will make all public disclosures required by Public Resources Code section 3160, subdivisions (b) and (g), and pursuant to California Code of Regulations, title 14, section 1788.

<b>26</b> Name of Person Filing Certification	<b>27</b> Telephone Number	<b>28</b> Signature	<b>29</b> Date
<b>30</b> Address	<b>31</b> City/ State		<b>32</b> Zip Code

**FOR DIVISION OF OIL, GAS, AND GEOTHRERMAL RESOURCES USE ONLY**

**Reviewed and approved as complete:**

**Date:**

Instructions for  
Written Notification & Certification  
to Division of Oil, Gas and Geothermal Resources  
for Well Stimulation Treatment Activity

*Section references are to Division 3, Public Resources Code, unless otherwise noted.*

Box	Instructions
<b>Box 1: Name of Operator</b>	Enter the name of the operator of the well.
<b>Boxes 2–4: Address, City / State, Zip Code</b>	Enter the address of the operator of the well.
<b>Box 5: Well</b>	Enter the well name including lease name and number for the well as required by Section 3160(d)(1)(A).
<b>Box 6: API number</b>	Enter well API number assigned by the Division of Oil, Gas, and Geothermal Resources.
<b>Box 7: Field</b>	Enter the field name associated with the location of the well.
<b>Box 8: County</b>	Enter the name of the County associated with the location of the well.
<b>Box 9: Directional Status</b>	Check the directional status that applies to the well.
<b>Box 10: Type of Treatment</b>	Check the type of well stimulation treatment. If other, fill in type in comment field.
<b>Boxes 11–14: Sec., T., R., B. &amp; M.</b>	Enter the Section, Township, Range, and base & meridian information for the location of the well.
<b>Box 15: Location of Well</b>	Enter the surface location of the well, as required by Section 3160(d)(1)(A).
<b>Box 16: Lat. / Long.</b>	Enter Location of well submitted as a non-projected, Latitude Longitude, in six decimal places, in General Coordinate System (GCS) NAD83.
<b>Box 17: Time period during which the well stimulation treatment is planned to occur</b>	Enter the time period, including date, during which well stimulation treatment activity will occur, as required by Sections 3160(b)(2)(A) and 3160(d)(1)(B).
<b>Box 18: Planned location of the well stimulation treatment on the well bore</b>	Enter the measured depth and true vertical depth in feet of the planned location of well stimulation treatment on the well bore, as required by Sections 3160(b)(2)(I) and 3160(d)(1)(E).
<b>Box 19: Name of Simulated horizon and depth</b>	Enter the name and the true vertical depth of the top of the productive horizon where the stimulation treatment will occur in feet.
<b>Box 20: Estimated length of fractures or other planned modification.</b>	Enter the estimated horizontal length in feet of the induced fractures or other planned modifications to the well or area surrounding the well, as required by Sections 3160(b)(2)(I) and 3160(d)(1)(E).
<b>Box 21: Estimated height of fractures or other planned modification.</b>	Enter the estimated vertical height in feet of the induced fractures or other planned modifications to the well or area surrounding the well, as required by Sections 3160(b)(2)(I) and 3160(d)(1)(E).
<b>Box 22: Estimated direction of fractures or other planned modification.</b>	Enter the estimated direction of the induced fractures or other planned modifications to the well or area surrounding the well, as required by Sections 3160(b)(2)(I) and 3160(d)(1)(E).
<b>Boxes 23 and 25: Person Filing Certification, Signature</b>	Enter the name of the person filing these certifications on behalf of the operator. That person should sign this form.
<b>Box 26: Date</b>	Enter the date that this form is being submitted to the Division of Oil, Gas, and Geothermal Resources.
<b>Box 24 and 27–29: Telephone Number, Address, City / State, Zip Code</b>	Enter the contact information for the person filing these certifications on behalf of the operator.